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Application Number Filing Date MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/08) * May be used for additional claims or amendments CLAIMS AO PILED AFTER FIRST AFTER SECOND 3-10-06 AMENDMENT. **AMENDMENT** Depend Indep Depend Indep Indep Depend Indep Depend Indep Depend Indep Depend .2. .52. .53 · 72· .25 -28 48 . Total Total Indep Indep Total Total Depend Depend Total Total **Claims**

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